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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket  
Number

Lighthouse - 005

First Named Inventor

Betty Bird

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CONSUMER CARE MANAGEMENT METHOD AND SYSTEM**

*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

01/13/2004

as United States Application Number or PCT International

Application Number

PCT/US2004/000838

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION — Utility or Design Patent Application**

|   |           |   |             |
|---|-----------|---|-------------|
| Direct all correspondence to: <input type="checkbox"/> Customer Number: <u>51413</u> OR <input type="checkbox"/> Correspondence address below   |           |   |             |
| Name  |           |   |             |
| Address   |           |   |             |
| City  |           | State   | ZIP         |
| Country   | Telephone | Fax   |             |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |           |   |             |
| NAME OF SOLE OR FIRST INVENTOR:   |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name<br>(first and middle (if any))<br>BETTY  |           | Family Name<br>or Surname<br>BIRD   |             |
| Inventor's<br>Signature<br><i>Betty Bird</i>  |           | Date<br>1/13/2004   |             |
| Residence: City   | State     | Country   | Citizenship |
| Mailing Address   |           |   |             |
| City  | State     | ZIP   | Country     |
| NAME OF SECOND INVENTOR:  |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name<br>(first and middle (if any))<br>PATRICK J.   |           | Family Name<br>or Surname<br>BENSON   |             |
| Inventor's<br>Signature<br><i>Patrick J. Benson</i>   |           | Date<br>1/13/2004   |             |
| Residence: City   | State     | Country   | Citizenship |
| Mailing Address   |           |   |             |
| City  | State     | ZIP   | Country     |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>3</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.  |           |   |             |

PTO/SB/02A (08-03)

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 3

|   |       |   |             |
|---|-------|---|-------------|
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |             |
| TANA  |       | D'ALLURA  |             |
| Inventor's Signature <i>Tana D'Allura</i>         |       | Date <i>1.13.04</i>   |             |
| Residence: City                                   | State | Country   | Citizenship |
| Mailing Address                                   |       |   |             |
| Mailing Address                                   |       |   |             |
| City  | State | Zip   | Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |             |
| JOSEPHINE   |       | DEFINI  |             |
| Inventor's Signature <i>Josephine Defini</i>      |       | Date <i>1/13/2004</i>   |             |
| Residence: City                                   | State | Country   | Citizenship |
| Mailing Address                                   |       |   |             |
| Mailing Address                                   |       |   |             |
| City  | State | Zip   | Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |             |
| MICHAEL L.  |       | FISCHER   |             |
| Inventor's Signature <i>Michael Fischer</i>       |       | Date <i>1/16/2004</i>   |             |
| Residence: City                                   | State | Country   | Citizenship |
| Mailing Address                                   |       |   |             |
| Mailing Address                                   |       |   |             |
| City  | State | Zip   | Country     |

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PTO/SB/02A (08-03)

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 2 of 3

|   |       |   |             |
|---|-------|---|-------------|
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |             |
| JOSEPH R.   |       | LAURENZANO  |             |
| Inventor's Signature <i>Joseph R. Laurenzano</i>  |       | Date <i>1/13/04</i>   |             |
| Residence: City                                   | State | Country   | Citizenship |
| Mailing Address                                   |       |   |             |
| Mailing Address                                   |       |   |             |
| City  | State | Zip   | Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |             |
| EDWARD  |       | MARTINEZ  |             |
| Inventor's Signature <i>[Signature]</i>           |       | Date <i>1/13/2004</i>   |             |
| Residence: City                                   | State | Country   | Citizenship |
| Mailing Address                                   |       |   |             |
| Mailing Address                                   |       |   |             |
| City  | State | Zip   | Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |             |
| NANCY C.  |       | PASKIN  |             |
| Inventor's Signature <i>Nancy C. Paskin</i>       |       | Date <i>1/16/04</i>   |             |
| Residence: City                                   | State | Country   | Citizenship |
| Mailing Address                                   |       |   |             |
| Mailing Address                                   |       |   |             |
| City  | State | Zip   | Country     |

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 3

|   |       |   |             |
|---|-------|---|-------------|
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |             |
| MARTIN S.   |       | YABLONSKI   |             |
| Inventor's Signature <i>Martin S. Yablonski</i>   |       | Date <i>01/13/2004</i>  |             |
| Residence: City                                   | State | Country   | Citizenship |
| Mailing Address                                   |       |   |             |
| Mailing Address                                   |       |   |             |
| City  | State | Zip   | Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |             |
|   |       |   |             |
| Inventor's Signature                              |       | Date  |             |
| Residence: City                                   | State | Country   | Citizenship |
| Mailing Address                                   |       |   |             |
| Mailing Address                                   |       |   |             |
| City  | State | Zip   | Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))            |       | Family Name or Surname  |             |
|   |       |   |             |
| Inventor's Signature                              |       | Date  |             |
| Residence: City                                   | State | Country   | Citizenship |
| Mailing Address                                   |       |   |             |
| Mailing Address                                   |       |   |             |
| City  | State | Zip   | Country     |

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

|                        |                             |
|------------------------|-----------------------------|
| Application Number     | PCT/US2004/000838           |
| Filing Date            | 13 January 2004             |
| First Named Inventor   | Bird, Betty                 |
| Title                  | Consumer Care Management... |
| Art Unit               |                             |
| Examiner Name          | Nora Lindner                |
| Attorney Docket Number | LTHS 1013081                |

I hereby appoint:



Practitioners associated with the Customer Number:

51413

OR



Practitioner(s) named below:

| Name                 | Registration Number |
|----------------------|---------------------|
| Marc E. Hankin, Esq. | 38,908              |
|                      |                     |
|                      |                     |
|                      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

OR

|   |                       |       |              |     |       |
|---|-----------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Marc E. Hankin, Esq.  |       |              |     |       |
| Address   | 11414 Thurston Circle |       |              |     |       |
| City  | Los Angeles           | State | CA           | Zip | 90049 |
| Country   | USA                   |       |              |     |       |
| Telephone   | 310-892-1613          | Fax   | 310-471-7612 |     |       |

I am the:




Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

|                   |   |           |                |
|-------------------|---|-----------|----------------|
| Signature         |  | Date      | 11/12/04       |
| Name              | Barbara M. Silverstone, DSW   | Telephone | (212) 821-9200 |
| Title and Company | President and CEO, Lighthouse International   |           |                |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



\*Total of 2 forms are submitted.

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                   |
|------------------------|-------------------|
| Application Number     | PCT/US2004/000838 |
| Filing Date            | 13 January 2004   |
| First Named Inventor   | Bird, Betty       |
| Art Unit               |                   |
| Examiner Name          | Nora Lindner      |
| Attorney Docket Number | LTHS 1013081      |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

51413

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number: ..

51413

OR

☒ Firm or  
Individual Name Marc E. Hankin, Esq.

Address 11414 Thurston Circle

City Los Angeles State CA Zip 90049

Country USA

Telephone 310-892-1613 Fax 310-471-7612

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature 

Name Barbara M. Silverstone, DSW, President and CEO, Lighthouse International

Date 1/13/2004 Telephone (212) 821-9200

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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